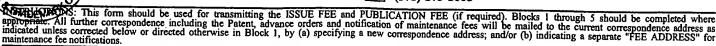
PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Bennett J. Berson Quarles & Brady LLP 1 South Pinckney Street P O Box 2113 Madison, WI 53701-2113 Berson (Signature Mai 2006 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 09/970.076 10/03/2001 John A.T. Young 960296,97745 TITLE OF INVENTION: RECEPTOR FOR B. ANTHRACIS TOXIN 09970076 05/22/2006 WASFAW2 00000017 170055 1400.00 DA 300.00 DA 01 FC:1501 02 FC:1504 30.00 DA APPLN TYPE PUBLICATION FEE SMALL ENTITY ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 05/22/2006 **EXAMINER** ART UNIT CLASS-SUBCLASS MINNIFIELD, NITA M 1645 536-023700 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Quarles &Brady LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Wisconsin Alumni Research Foundation (B) RESIDENCE: (CITY and STATE OR COUNTRY)
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